

## EXHIBIT A

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June 4, 2021

Mr. Stephen Huggard  
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470 Atlantic Avenue, 4<sup>th</sup> Floor  
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Re: United States of America v. Matthew Murphy (D.O.B.: 06/22/1996)  
(United States District Court, District of Massachusetts; Docket No.:  
19CR10286PJB)

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**CONFIDENTIAL PSYCHOLOGICAL REPORT**

Dear Mr. Huggard:

I. Referral & Background

I have completed this report at your request in order to provide specific treatment recommendations regarding Mr. Matthew Murphy (D.O.B.: 06/22/1996). This report, and my opinions herein, do not constitute an evaluation, including an aid in sentencing evaluation, where typically detailed historical and offense-related information, along with opinions concerning risk and diagnosis, are outlined. Rather, the referral question that you have posed is for me to provide specific treatment recommendations for Mr. Murphy's vis-à-vis his conviction and/or incarceration on the matter noted below.

In this regard, I note that Mr. Murphy was charged with five counts of Sexual Exploitation of Children for a series of behaviors committed between approximately 2017 and 2019. On January 28, 2020, Mr. Murphy pleaded guilty to these same charges. He awaits sentencing on this matter.

II. Professional Qualifications

I hold a Doctor of Philosophy degree in Psychology with an emphasis in clinical psychology. I am additionally Board-Certified as a forensic psychologist by the American Board of Professional Psychology, a Diplomate of the American Board of Forensic Psychology, and I am a Fellow of the American Academy of Forensic

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Psychology. I completed clinical training at the Bedford Veterans' Affairs Medical Center, and I served as a Harvard Medical School Clinical Fellow at Massachusetts General Hospital. I was a Captain in the United States Air Force Reserve, where I performed and supervised the performance of character evaluations on those desiring to become officers, and I served as a Police Commissioner in the Town of Ashland, Massachusetts. I previously served on the faculty at Massachusetts General Hospital, Department of Psychiatry, Center for Psychoanalytic Studies. I am currently a Lecturer on Psychiatry at Harvard Medical School. I am the Founder and Director of the Boston Symposium on Psychology and the Law, and I am a former President of the Association for Scientific Advancement in Psychological Injury and Law.

I am a licensed psychologist in the Commonwealth of Massachusetts, the State of New York, and the State of Florida. I am currently in independent practice providing clinical and forensic services. I have experience in treating individuals exhibiting violent behavior and both perpetrators and victims of sexual abuse. I have experience in conducting forensic evaluations of various referral questions. I have been retained by attorneys and appointed by courts to complete such evaluations. I have been deemed a qualified expert witness for particular forensic questions in various courts in particular jurisdictions including Massachusetts, New York, California, Florida, and the Federal system.

### III. Data

In connection with this report, I consulted and reviewed multiple sources of information pertaining to Mr. Murphy's development, legal history, psychological functioning and his care and treatment. These materials included the following:

1. Presentence Investigation Report, Mathew Murphy, United States District Court, 04/07/2020
2. Report of Investigation, Department of Homeland Security, 05/02/2019
3. Medical Record, Wyatt Detention Center, 2019-2020
4. Matthew Murphy Certificates, Wyatt Detention Center, 2019-2020
5. Matthew Murphy Educational Records, 2001-2008
6. Reading Specialist Summary Report, North Pembroke Elementary School, 10/19/2005
7. Educational Assessment, Pembroke Public Schools, 10/27/2005
8. Psychological Assessment, Pembroke Public Schools, 10/31/2005
9. Correspondence, Elena [Illegible] [Mr. Murphy's Maternal Grandmother] to Mr. Steven Huggard, Undated

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In addition, I met with Mr. Murphy on three separate occasions via videoconference. The first meeting occurred on September 15, 2020 and lasted for approximately one hour. The second meeting occurred on December 30, 2020 and lasted for approximately three hours. The third meeting occurred on January 5, 2021 and lasted for approximately two hours and fifteen minutes. During these meetings, I administered psychological testing including the Personality Assessment Inventory, the Beck Suicide Scale, and the Beck Hopelessness Scale. Mr. Murphy denied COVID-19 medical problems on each occasion.

*Brief Pertinent and Sexual History*<sup>1</sup>

Mr. Murphy was born to his parents as an “unwanted child.” He has one sister, who is six years his junior. He and his sister lived initially with their parents until Mr. Murphy was approximately two years of age; at this point, their parents split, and their father moved out. The nuclear family thereafter resided with his maternal grandparents, aunts, and uncles (Presentence Investigation Report, Mathew Murphy, United States District Court, 04/07/2020).

Mr. Murphy became closest in his family with his maternal aunt, who resided in the home until she moved out when Mr. Murphy was approximately eight years of age (Presentence Investigation Report, Mathew Murphy, United States District Court, 04/07/2020). Mr. Murphy was thereafter responsible for a great deal of family matters from a young age without the presence of a strong male role model. He prepared his younger sister for school, helped shop, and helped clean the household (Correspondence, Elena [Illegible] [Mr. Murphy’s Maternal Grandmother] to Mr. Steven Huggard, Undated).

Mr. Murphy reported having been sexually abused at age 11 years by another resident (an unknown neighbor) of a summer campground where his family had a trailer. Mr. Murphy performed “sexual acts” on the individual, who reciprocated these unspecified acts with him. This occurred on three or four occasions (Presentence Investigation Report, Mathew Murphy, United States District Court, 04/07/2020).

Mr. Murphy earned his high school diploma in 2014. He has not enrolled in higher education, while he was attending a technical school at the time of his arrest (Presentence Investigation Report, Mathew Murphy, United States District Court, 04/07/2020).

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<sup>1</sup> Extracted from records.

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In regard to interpersonal relations, Mr. Murphy apparently did not have any friends during childhood and adolescence. He was verbally berated and physically bullied in school (Presentence Investigation Report, Mathew Murphy, United States District Court, 04/07/2020). In addition, he denied ever having dated another individual. He has not been married or cohabitated with any partner, and he does not have any children (Presentence Investigation Report, Mathew Murphy, United States District Court, 04/07/2020).

In regard to substance use, Mr. Murphy reported having socially consumed alcohol on multiple occasions beginning at approximately 20 years of age, while he did not do so to excess. He used cannabis on two occasions, while he did not enjoy its effects. He has never used any other illicit substance (Presentence Investigation Report, Mathew Murphy, United States District Court, 04/07/2020).

Regarding employment, Mr. Murphy has been employed at a fast-food establishment for approximately two years and as an electrical apprentice for five years until his arrest for the governing offense in 2019 (Presentence Investigation Report, Mathew Murphy, United States District Court, 04/07/2020).

During each meeting with this writer, Mr. Murphy denied present or historical medical problems.

#### *Treatment History*<sup>2</sup>

Mr. Murphy reported having been lonely and depressed throughout his adolescence as he did not have any friends with whom he was close. He experienced regular suicidal ideation with a plan (purposefully overdosing, crashing his vehicle, or slashing his wrists) beginning at age 14 and through his arrest for the governing offense at 22 years of age. However, the suicidal ideation decreased markedly shortly following his arrest for the governing offense as he realized at this point in time that his family supported him to a far greater degree than he expected and realized. He denied ever having attended any mental health treatment in the community (Presentence Investigation Report, Mathew Murphy, United States District Court, 04/07/2020).

Mr. Murphy was admitted to Wyatt Detention Facility in 2019, when he denied any mental health problems including anxiety and depression. In 2020, he was diagnosed with Unspecified Insomnia Disorder and prescribed 150mg/day of trazodone for sleep (Medical Record, Wyatt Detention Center, 2019-2020).

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<sup>2</sup> Extracted from records.



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During the January 5, 2021 interview with this writer, Mr. Murphy reported that he ceased taking trazodone in late 2020 as his sleep had sufficiently improved. He was prescribed bupropion (75mg/day) at this time to treat symptoms of depression.

Since his arrival at Wyatt, Mr. Murphy has completed psychoeducational programs including Grief and Loss, Cognitive Behavioral Therapy, Coping Skills, Rational Thinking Workbook, Wellbeing and Self-Care, Decision-Making and Impulsivity, Comprehensive Critical Decision Power Workbook, Lessons from the Market and Financial Literacy, Rational Thinking, Criminal Lifestyles, Living with Others, Deviant Thoughts and Coping Strategies, Goal-Setting and Treatment Planning, Victim Impact Series Part Workbook, Healthy Living Workbook, Communication Workbook, Forgiveness Workbook, Coping Skills, Taking Personal Responsibility. In addition, he has completed the Sex Offender Treatment Program Series Schedule, Sex Offender Treatment Planning, and Sex Offender Planning Treatment Practices (Matthew Murphy Certificates, Wyatt Detention Center, 2019-2020).

In the January 5, 2021 interview with this writer, Mr. Murphy denied having received any disciplinary reports during his detention at Wyatt.

#### *Measures*

##### Personality Assessment Inventory (PAI)

The PAI is an instrument designed for the psychological assessment of individuals, and it is considered a valid and reliable test in this regard. It assists, among other areas, in ascertaining the presence of personality traits and psychopathology. Scores on the measure are measured in *t*-scores (standardized test statistic used to compare scores in a population), which are linear with a mean of 50 and a standard deviation (a measure designed to quantify the amount of variation or dispersion of a set of data values) of ten. Results are derived by comparing Mr. Murphy's scores to the sample of scores used in creating the instrument and providing the reference points for comparison. This is called the development sample, and it creates the normative data, or that which is usual in a defined population, for the measure. Therefore, results from the PAI do not represent absolute attributes of Mr. Murphy, but, rather, how he compares to the developmental sample.

The PAI scores a number of validity indices designed to determine the presence of any factors or responding patterns that may distort test results. Examples of

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such factors include carelessness, reading difficulties, exaggeration, malingering, or defensiveness. For Mr. Murphy, the results of the measure appeared valid, and no validity scales were elevated such that the results appear distorted in any way. As such, the measure, and its results, are consequently viewed as an accurate indicator of Mr. Murphy's current psychological functioning.

With regard to the clinical scales, multiple scales were elevated such that Mr. Murphy's profile is significant for a number of psychological problems. On the Anxiety and Anxiety-Related Disorders scales, he scored a 75*t* and 80*t*, respectively, which each indicate extreme symptoms of anxiety that are having a profound and negative impact on his life. The Traumatic Stress and Obsessive-Compulsive subscales in particular were elevated at 79*t* and 76*t*.

On the Depression scale, Mr. Murphy scored an 84*t*, his highest on the measure, which places him above the 0.1% compared to the individuals on whom the measure was normed. Such a score indicates a high degree of depressive symptoms. For Mr. Murphy, his score on the cognitive and affective subscales far exceeded his score on the physiological subscale, indicating his depressive symptoms are primarily psychological more so than physiological in nature. In addition, he scored a 74*t* on the suicide subscale, which indicates a significant risk for suicide.

Mr. Murphy scored a 71*t* on the Paranoia scale, while this score was positively moderated by a 72*t* score on the Hypervigilance subscale (which is related to anxiety). The elevation may be artificially high considering Mr. Murphy's relatively recent incarceration, which generates guardedness and a need to be vigilant. Regardless, a distrust of others remains present. He also scored a 76*t* on the Schizophrenia scale, while subscales measuring psychotic experiences were not elevated. He scored a 73*t* on the Borderline scale with particular elevation on the Identity Problems subscale (77*t*).

In addition, the PAI offers Treatment Consideration scales. The Treatment Rejection scale measures attributes and attitudes associated with an interest in treatment or personal changes of a psychological nature. Lower scores reflect examinees who acknowledge significant difficulties or impairments in functioning and are expressing a desire for help in managing associated symptoms. Individuals in this range are particularly receptive to treatment. Mr. Murphy's score of 0*t* in particular, toward the nadir of the scale, is reflective of overwhelming distress. Relatedly, he scored a 71*t* on the stress scale, which indicates an expression of very high stress levels.

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Mr. Murphy was also scored on the Nonsupport scale, on which he scored a 69. Scores of this elevation indicate a perceived lack of social support vis-à-vis both the availability and quality of available social relationships. It is also indicative of particularly harsh perceptions of oneself as well as others and frequently leads to severe reactions to stress.

In sum, the profile is indicative of an individual who is dealing with marked distress and severe functional impairment manifested primarily in anxiety, depression, and hopelessness. Thought, mood, and personality disorders are all diagnostic considerations. In addition, the profile indicates the likely presence of a traumatic event which has caused and continues to cause distress and impairment. He likely finds these difficulties acutely overwhelming and is amenable to intervention.

The profile also is indicative of a socially isolated individual who has minimal interpersonal relationships that can be described as close and warm. This may manifest in limited social skills and awkwardness. The profile also indicates a series of thought processes marked by confusion, distractibility, and difficulty concentrating; however, active psychotic symptoms do not appear to be present.

The profile further indicates identity issues including having minimal sense of direction or purpose in life, which may exacerbate or perpetuate his anxious and depressive symptoms.

Finally, the profile indicates significant suspiciousness and hostility in relations with others, which may lead others to view him as particularly sensitive and easily insulted. Consequently, working and personal relationships with others may be strained and require a particularly high degree of support and assistance in order to succeed.

#### Beck Suicide Scale (BSS) & Beck Hopelessness Scale (BHS)

Mr. Murphy was administered the BSS and the BHS on January 5, 2021 in order to assess the degree to which he is at risk for suicide and endorses hopelessness, respectively. Results of the BSS did not indicate significant risk for suicide. Results from the BHS indicated a mild degree of hopelessness.

In regard to a chronology of suicidality, I queried Mr. Murphy regarding any history of suicidality during the September 15, 2020 interview. He reported first experiencing suicidal ideation at 10 years of age without any plan, and the ideation was relatively constant through 14 years of age. Since this time, the

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ideation has remained but has become situational particularly in times of stress. He has never attempted nor come close to attempting suicide. Nonetheless, this writer contracted Mr. Murphy for safety, who agreed to immediately reach out to staff at Wyatt Correctional Facility if he felt suicidal ideation and before acting.

I note that during the December 30, 2020 interview with this writer, Mr. Murphy reported having experienced suicidal ideation approximately six weeks prior to the meeting. He contacted available mental health services at Wyatt, who spoke with him and were able to alleviate the ideation. He denied experiencing ideation beyond fleeting thoughts in the weeks since and reaffirmed his earlier safety contract with this writer to reach out to staff at Wyatt if he experienced suicidal ideation and before acting.

Finally, I discussed Mr. Murphy's suicidal ideation during the January 5, 2021 interview. He denied having such thoughts since the preceding interview with this writer on December 30, 2020. Nevertheless, he again reaffirmed his earlier safety contract with this writer to reach out to staff at Wyatt if he experienced suicidal ideation and before acting.

#### IV. Treatment Recommendations Summary

Having considered the above data, and while it is the Court's purview, I make the following recommendations in regard to treatment for Mr. Murphy:

- Should Mr. Murphy be sentenced to a period of incarceration within the federal correctional system, he should be remanded to the custody of a federal medical center rather than a federal correctional institution. This will better facilitate the below treatment recommendations.
- Mr. Murphy should be regularly evaluated for risk of harm to self or others, appropriate action taken as needed, and a safety management plan should be developed and implemented to address safety toward self and others. This is due to Mr. Murphy's history of suicidal ideation.
- Psychological testing indicated the possibility of multiple mental disorders. A comprehensive psychodiagnostic evaluation should therefore be undertaken in order to examine differential diagnoses for Mr. Murphy including any personality, thought, or mood disorders.
- Mr. Murphy should undergo a comprehensive psychopharmacological evaluation in order to address his mood instability, depression, and anxiety indicated by psychological testing and receive appropriate treatment.
- Psychophysiological testing, including penile plethysmograph and visual reaction time testing, should be administered to assist in making definitive

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determinations about sexual arousal patterns and diagnosis particularly in light of his younger age.

- Mr. Murphy should attend individual psychotherapy. Suicide remains an ongoing problem for Mr. Murphy and suicidality remains a very real concern. Psychotherapy is needed to provide treatment and to monitor any depression and/or other mood difficulties and suicidality. In addition, it is recommended that further evaluation regarding personality and psychopathology is conducted to determine the appropriate diagnoses and proceed with treatment accordingly. As noted above, Mr. Murphy should be regularly evaluated for risk of harm to self and others, appropriate action should be taken as needed, and a safety management plan should be developed and implemented to address safety toward self and others. I reemphasize this point concerning suicidality in particular because it is a real concern for which action should be taken wherever he is incarcerated.
- Once the above clinical issues are successfully addressed and managed, individual psychotherapy should seek to address Mr. Murphy's past trauma and personal development. The treatment should also address his identity issues.
- He should attend group psychotherapy with a particular focus on sexual offending with providers trained in treating younger offenders. Relatedly, he should attend psychoeducational classes addressing social skills and coping skills.
- Testing indicated an elevated degree of suspiciousness and hypervigilance in Mr. Murphy. Treatment should proceed accordingly with this distrust of others in mind. Care should be taken in building trust.
- He should attend vocational training for potential employment upon his release. He may be inclined to further pursue the field for which he was attending technical school at the time of his arrest.
- As he is a younger offender, treatment of any impulsivity or volitional control should take his age into consideration as impulsivity and behavioral control improve as one ages beyond the adolescent behavioral era.

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Respectfully submitted,

/s/ Frederick Winsmann, Ph.D., ABPP\*

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